

PARTI

NAME(Last)

LOBBYIST

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470

email: ethics@hawaiiethics.org

(First)

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STATE OF LAWAII STATE ETHICS COMMISSION

TELEPHONE

LOBBYIST REGISTRATION FORM (Type or Print Clearly)

(Middle)

BRAOY MAILING ADDRESS (Street) EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) MAILING ADDRESS (Street) FAX (City) (State) (Zip Code) PART II ORGANIZATION NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) **TELEPHONE TELEPHONE** ADDRESS (Street) (Zip Code)

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
	griculture	Education	Human Services	Science, Technology & Economic Development	
_	ommunications & ublic Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation	
1 -	onsumer Protection & commerce	Hawaiian Affairs	Labor & Employment	Transportation	
_	ulture, Arts, Historic reservation	r Health	Planning, Land & Water Use Management	Other: (indicate below)	
✓ E	cology, Energy nvironmental Protection	Housing	Public Safety & Corrections		

PART IV /CERTIFICATION OF LOBBYIST					
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.					
,					
	2.2.07				
(Signature of Lobbyist)	(Date)				
PART V AUTHORIZATION TO LOBBY					
NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED					
KIM KAMOS TRESIDE	AST				
NAME OF ORGANIZATION (if applicable)	TELEPHONE				
NAME OF ORGANIZATION (II applicable)					
LIFE OF THE LAND	533-3454				
MAILING ADDRESS (Street)	FAX				
76 N Kinsa ST # 203 (City) (State) (Zip					
(City) (State) (Zip	Code)				
	6817				
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I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
Kim RRamo à	1.23.07				
(Signature of Authorizing Officer or Person Represented)	(Date)				
(Oignature of Additionizing Office) of 1 dissistings					